

Registration Form & Fees

One registrant per form

MINNESOTA WING CONFERENCE

3 – 5 MAY 2002

Please Print:

Adult rank _____ Name _____
Cadet rank C/ _____ Address _____
[] I'm staying at Resort City _____ State _____ Zip code _____
[] I'm staying at Home Home phone (_____) _____
[] This is my 1st Conference Unit name _____
E-mail address _____

EARLY BIRD Registration (registrant) ... Postmarked before Tuesday, 2 April 2002..... Adult (\$15) = \$ _____
..... Cadet (\$10) = \$ _____

	Enter # of Tickets ↓	Make a selection & enter the ↓ dollar amount
Saturday continental breakfast (registrant & guests).....	# _____ x (\$ 7) =	\$ _____
Saturday lunch (registrant & guests).....	# _____ x (\$11) =	\$ _____
Saturday Banquet (registrant & guests).....	Beef & Chicken combo # _____ x (\$21) =	\$ _____
	Vegetarian lasagna # _____ x (\$20) =	\$ _____
	Child (guest age 10 or less) # _____ x (\$11) =	\$ _____
Military Ball (registrant & guests).....	# _____ x (\$ 5) =	\$ _____
Sunday continental breakfast (registrant & guests).....	# _____ x (\$ 7) =	\$ _____
ADD LATE REGISTRATION FEE (registrant)	Postmarked <u>after</u> Tuesday, 2 April 2002	(\$ 15) = \$ _____

Check# _____ Name of Check preparer if different than registrant: _____ **Total Payment to: "MNWG CAP" \$ _____**

PARENT OR GUARDIAN AUTHORIZATION: My under age 18 son/daughter (circle one) has my permission to attend this Conference. By checking the "Stay at Home" box I am taking responsibility for their travel & lodging. If they are staying at the **Breezy Point Resort**, I accept responsibility for arranging their lodging. In case, emergency medical care is needed, I authorize Civil Air Patrol to arrange for emergency medical care and I will accept responsibility for the cost of all such medical care.

Printed name of parent or guardian _____ Phone (_____) _____
Signature of Parent or Guardian _____ Date _____

UNIT COMMANDER AUTHORIZATION FOR ALL CADETS:

This cadet understands the Rules of Conduct & has my permission to attend. The accompanying senior member chaperone is:
(print name→) _____

Commanders name (print) _____ Signature _____

Mail this ENTIRE form with a check payable to "MNWG CAP" to Maj. Victoria Rock, 2404 Hillsboro Ave. N., Mpls, MN 55427.
For registration questions, phone her at 763-541-9396 or vicdenrock@juno.com.

USE PHOTOCOPIES OF THIS FORM FOR EACH REGISTRANT